

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant:

Ulf LANDEGREN

Serial No.:

08/981,310

Group:

Unassigned

Filed:

December 16, 1997

Examiner: Unassigned

For:

ULTRASENSITIVE IMMUNOASSAYS

RECEIVED

ATTENTION:

Refund Section

Accounting Division

APR 2.8 1998

OFFICE OF FINANCE

MATHIX CUSTOMER SERVICE CENTER

REQUEST FOR A REFUND OF 50% OF THE FILING FEE

Assistant Commissioner for Patents Washington, D.C. 20231

February 17, 1998 (Tuesday Following Federal Holiday)

Sir:

The following documentation and remarks are respectfully submitted in connection with the above-identified application.

DOCUMENTATION

Attached hereto is copy of an executed Verified Statement.

Claiming Small Entity Status (37 C.F.R. § 1.9(f) and 1.27(b)
Independent Inventor filed on even date herewith under separate cover.

REMARKS

Pursuant to 37 C.F.R. § 1.28(a), applicants hereby request a refund of 50% of the Filing Fee. Small entity status has been established by the filing of a verified statement on <u>February 17</u>, 1998.

Small entity applicants may now file the necessary Verified Statement within two (2) months of the date of payment of any particular fee and request a refund. Attached hereto is a copy of the Verified Statement Claiming Small Entity Status as <u>Independent Inventor</u>. The present application qualifies for the reduced fees as implemented by the U.S. Patent and Trademark Office on October 1, 1982, and further amended on January 20, 1983.

The present application was filed on <u>December 16, 1997</u> with a filing fee of \$1,340.00. It is respectfully requested that the excess fee of \$670.00 be credited to Deposit Account No. 02-2448.

Favorable action on the present Request is respectfully requested.

If necessary, the Commissioner is hereby authorized in this, concurrent, and further replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

erald M. Murphy, Jr.

Req. No. 28,977

P.O. Box 747

Falls Church, VA 22040-0747

(703) 205-8000

(Rev. 12/4/97) J:\refund.23

GMM/MAL/bsh Attachment

Serial or Patent No.:	08/981,	D. No.:	1209-
	December 16, 1997		•
	NSITIVE IMMUNOASSAYS .		
•	•	•	
	ED STATEMENT (DECLARATION) CL JS (37 CFR 1.9(f) and 1.27 (b)) — IND		
·	33 (37 CPA 1.5(1) and 1.27 (b)) — inc	EL FIADEM! MAFIATON	
As a below named inve	ntor, I hereby declare that I qualify as	an independent inventor as def	ined in 37
CFR 1.9(c) for purpose Code, to the Patent and	s of paying reduced fees under section Trademark Office with regard to the i	in 41(a) and (b) of Title 35, Unit Invention entitled	led States
	ive immunoassays		icribed in:
() the specificati	lon filed herewith	•	
(XX) application se	rial no. <u>08/981.310</u>	, filed <u>December 16. 19</u>	997
	, [660		
i nave not assigned, gra: assign, grant, convey or	nted, conveyed, or licensed and am un license, any rights in the invention to	der no colligation under contrac any person who could not be cla	t or law to
an independent invento	runder 37 CFR 1.9(c) If that person his	ad made the invention, or to any	concern
which would not qualify under 37 GFR 1.9(e).	es a small business concern under 3	7 GFR 1.9(d) or a nonprofit org	anization
	or organization to which I have assign	ed, granted, conveyed, or licens	sed or am
under an obligation und	er contract or law to assign, grant, conv		
listed below:		•	
	n, concern, or organization terns or organizations listed below?		
`	erified statements are required from e	ach named person, concern or	organiza.
			A. A MILLER.
tion naving rights t	o the invention averring to their status	as small entities. (37 CFR 1.27))
111 £ 1	o the invention averring to their status andegren	as small entities. (37 CFR 1.27))
FULL NAME Ulf I	-		
FULL NAMEUlf_I ADDRESSEksop	andegren	LA, Sweden	
FULL NAME Ulf I Eksop () INDIVIDE	andegren opsvägen 16, S- 756 46 UPPSA JAL () SMALL BUSINESS CONCE	LA, Sweden RN () NONPROFIT ORGAN	
FULL NAME U1f I Eksop () INDIVIDE	andegren opsvägen 16, S- 756 46 UPPSA	LA, Sweden RN () NONPROFIT ORGAN	
FULL NAME U1f I ADDRESS () INDIVIDE FULL NAME ADDRESS	Landegren Opsvägen 16, S- 756 46 UPPSA UAL () SMALL BUSINESS CONCE	LA, Sweden RN () NONPROFIT ORGAN	IZATION
FULL NAME U1f I Eksop () INDIVIDE FULL NAME ADDRESS () INDIVIDE	Landegren Opsvägen 16, S- 756 46 UPPSA JAL () SMALL BUSINESS CONCE	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN	IZATION
FULL NAME U1f I ADDRESS Eksop () INDIVIDE FULL NAME () INDIVIDE FULL NAME () INDIVIDE FULL NAME	andegren opsvägen 16, S- 756 46 UPPSA JAL () SMALL BUSINESS CONCE	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN	IZATION
FULL NAME U1f I Eksop () INDIVIDE FULL NAME ADDRESS () INDIVIDE FULL NAME FULL NAME	Landegren Opsvägen 16, S- 756 46 UPPSA JAL () SMALL BUSINESS CONCE	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN	IZATION
FULL NAME U1f I Eksop () INDIVIDE FULL NAME () INDIVIDE FULL NAME () INDIVIDE FULL NAME () INDIVIDE ADDRESS () INDIVIDE	Landegren Opsvägen 16, S- 756 46 UPPSA VAL () SMALL BUSINESS CONCE VAL () SMALL BUSINESS CONCE	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN	IZATION
FULL NAME U1f I Eksop () INDIVIDE FULL NAME () INDIVIDE FULL NAME () INDIVIDE FULL NAME () INDIVIDE ADDRESS () INDIVIDE I acknowledge the duty to a loss of entitlement to a	Landegren Opsvägen 16, S- 756 46 UPPSA VAL () SMALL BUSINESS CONCE VAL (LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of	IZATION IZATION IZATION resulting the issue
FULL NAME U1f I Eksop () INDIVIDE FULL NAME () INDIVIDE FULL NAME () INDIVIDE FULL NAME () INDIVIDE ADDRESS () INDIVIDE I acknowledge the duty to a loss of entitlement to a lee or any maintenance to a lee or any mai	Landegren Opsvägen 16, S- 756 46 UPPSA VAL () SMALL BUSINESS CONCE	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of	IZATION IZATION IZATION resulting the issue
FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU acknowledge the duty to the control of entitlement to a sign of entit	Landegren Depsvägen 16, S- 756 46 UPPSA JAL () SMALL BUSINESS CONCE JAL	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of as a small entity is no longer app	IZATION IZATION IZATION resulting the issue
FULL NAME U1f I Eksop () INDIVIDE FULL NAME () INDIVIDE FULL NAME () INDIVIDE FULL NAME () INDIVIDE ADDRESS () INDIVIDE I acknowledge the duty to in loss of entitlement to a lee or any maintenance (37 CFR 1.28(b)) I hereby declare that all	Landegren Opsvägen 16, S- 756 46 UPPSA VAL () SMALL BUSINESS CONCE VAL (LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of as a small entity is no longer app	IZATION IZATION IZATION resulting the issue propriate.
FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU I acknowledge the duty to in loss of entitlement to a lee or any maintenance (37 CFR 1.28(b)) I hereby declare that all made on information and the knowledge that willfully the control of	Landegren Depsvägen 16, S- 756 46 UPPSA JAL () SMALL BUSINESS CONCE JAL	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of as a small entity is no longer app cowledge are true and that all status ther that these statements were me are punishable by fine or impris	IZATION IZATION IZATION resulting the issue propriate. atements had with sonment,
FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU I acknowledge the duty to in loss of entitlement to a lee or any maintenance (37 CFR 1.28(b)) I hereby declare that all made on information and the knowledge that willfur both, under section 16	Landegren Depsvägen 16, S- 756 46 UPPSA JAL () SMALL BUSINESS CONCE JAL	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of as a small entity is no longer app cowledge are true and that all status ther that these statements were me are punishable by fine or impris de, and that such willful false sta	IZATION IZATION IZATION resulting the issue propriate. atements had with sonment, atements
FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU I acknowledge the duty to in loss of entitlement to a lee or any maintenance (37 CFR 1.28(b)) I hereby declare that all made on information and the knowledge that willfur both, under section 16	Landegren Depsvägen 16, S- 756 46 UPPSA DAL () SMALL BUSINESS CONCE DAL () SMALL BUSIN	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of as a small entity is no longer app cowledge are true and that all status ther that these statements were me are punishable by fine or impris de, and that such willful false sta	IZATION IZATION IZATION resulting the issue propriate. atements had with sonment, atements
FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU I acknowledge the duty to in loss of entitlement to a lee or any maintenance is (37 CFR 1.28(b)) I hereby declare that all made on information and the knowledge that will for both, under section 16 may jeopardize the valid	Landegren Depsvägen 16, S- 756 46 UPPSA DAL () SMALL BUSINESS CONCE DAL () SMALL BUSIN	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of as a small entity is no longer app cowledge are true and that all status ther that these statements were me are punishable by fine or impris de, and that such willful false sta	IZATION IZATION IZATION resulting the issue propriate. atements had with sonment, atements
FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU I acknowledge the duty to in loss of entitlement to a lee or any maintenance is (37 CFR 1.28(b)) I hereby declare that all made on information and the knowledge that will for both, under section 16 may jeopardize the valid	Landegren Depsvägen 16, S- 756 46 UPPSA DAL () SMALL BUSINESS CONCE DAL () SMALL BUSIN	LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of as a small entity is no longer app cowledge are true and that all status ther that these statements were me are punishable by fine or impris de, and that such willful false sta	IZATION IZATION IZATION resulting the issue propriate. atements had with sonment, atements
FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU FULL NAME ADDRESS () INDIVIDU I acknowledge the duty to in loss of entitlement to a lee or any maintenance in a control of the knowledge that will the problem of the valid the valid problem of the valid problem	Landegren Opsvägen 16, S- 756 46 UPPSA JAL () SMALL BUSINESS CONCE JAL (LA, Sweden RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN RN () NONPROFIT ORGAN Ification of any change in status the time of paying, the earliest of as a small entity is no longer app towledge are true and that all sta her that these statements were in a are punishable by fine or impris de, and that such willful false sta ling thereon, or any patent to w	IZATION IZATION IZATION resulting the issue propriate. atements had with sonment, atements

Date

Date